SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 109 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Hospital Association PA	g the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Mr. James D Moore, FACHE  Mailing Address 1201 Health Center Parkway			Date of Receipt
City Yukon FEC ID number of contributing	State OK	Zip Code 73099-6381	Transaction ID: 19126477  Amount of Each Receipt this Period
federal political committee.  Name of Employer INTEGRIS Canadian Valley Hospital Receipt For:	Occupation Presiden		250.00
Primary General Other (specify) ▼	Aggregate	250.00	
Full Name (Last, First, Middle Initial) Mr. David L Phillips  Mailing Address 12451 East 100th Street North			Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
City	State	Zip Code	Transaction ID: 19126479
Owasso	OK	74055-4600	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		375.00
Name of Employer St. John Owasso	Occupation President and Chief Executive Officer		r
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Mr. Timothy Young			Date of Receipt
Mailing Address 1923 South Utica Avenue			05 10 7 2011
City	State OK	Zip Code	Transaction ID: 19126484
Tulsa  FEC ID number of contributing federal political committee.	C	74104-6502	Amount of Each Receipt this Period 250.00
Name of Employer St. John Medical Center	Occupation Administ		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)		875.00